

Application Form for International Medical Students

Date Submitted						
PERSONAL DATA						
Name	First		Middle		Last	
Gender				Telephone		
Birth date				Fax		
Nationality				E-mail		
Current Address	Street					
	City					
	State/Province					
	Postal Code					
	Country					
PROGRAM INFORMATION						
Preferred Specialty:				Duration (weeks)		
1.						
2.						
3.						
Requested Start Date		End Date		Total Duration (weeks)		
EDUCATIONAL RECORD						
Please complete information relevant to your education						
Dates		Institution		Degrees and Honors		
Month and Year		College/University/Hospital				
	To					
	To					
	To					
	To		Internship			
	To		Location			
Please state the learning objectives of your elective:						
<p>-----</p> <p>The Fourth Affiliated Hospital, Zhejiang University School of Medicine No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>						

Application Form for International Nursing Students

Date Submitted	
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PERSONAL DATA

Name	First	Middle	Last
Gender			Telephone
Birth date			Fax
Nationality			E-mail
Current Address	Street		
	City		
	State/Province		
	Postal Code		
	Country		

PROGRAM INFORMATION

Preferred Specialty:	Duration (weeks)
1.	
2.	
3.	
Requested Start Date	End Date
	Total Duration (weeks)

EDUCATIONAL RECORD

Please complete information relevant to your education

Dates	Institution	Degrees and Honors
Month and Year	College/University/Hospital	
To		
To		
To		
To	Internship Location	

Please state the learning objectives of your elective:

 The Fourth Affiliated Hospital, Zhejiang University School of Medicine
 No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000
 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn

Application Form for International Residents						
Date Submitted						
PERSONAL DATA						
Name	First		Middle		Last	
Gender				Telephone		
Birth date				Fax		
Nationality				E-mail		
Current Address	Street					
	City					
	State/Province					
	Postal Code					
	Country					
PROGRAM INFORMATION						
Preferred Specialty:				Duration (weeks)		
1.						
2.						
3.						
Requested Start Date		End Date		Total Duration (weeks)		
Do you need to apply for a Chinese Temporary Medical License (at least 3 months in advance):						
EDUCATIONAL RECORD						
Please complete information relevant to your education						
Dates		Institution			Degrees and Honors	
Month and Year		College/University/Hospital				
	To					
	To					
	To					
	To		Internship			
			Location			
	To		Residency			
			Location			
Please state the learning objectives:						
<p>-----</p> <p>The Fourth Affiliated Hospital, Zhejiang University School of Medicine No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>						

Application Form for International Registered Nurses

Date Submitted						
PERSONAL DATA						
Name	First		Middle		Last	
Gender			Telephone			
Birth date			Fax			
Nationality			E-mail			
Current Address	Street					
	City					
	State/Province					
	Postal Code					
	Country					
PROGRAM INFORMATION						
Preferred Specialty:				Duration (weeks)		
1.						
2.						
3.						
Requested Start Date		End Date		Total Duration (weeks)		
EDUCATIONAL RECORD						
Please complete information relevant to your education						
Dates		Institution		Degrees and Honors		
Month and Year		College/University/Hospital				
	To					
	To					
	To					
	To	Internship				
		Location				
	To	Work Experience				
		Location				
Please state the learning objectives:						
<p>-----</p> <p>The Fourth Affiliated Hospital, Zhejiang University School of Medicine No.N1, Shangcheng Avenue, Yiwu, Zhejiang, PR China 322000 Tel: +86-579-8992-5126 Email: electives@zju.edu.cn</p>						